

INSTRUCTIONS FOR COMPLETING LIABILITY CLAIM REPORT

Every item in the section being submitted must be completed. Please do not leave any blanks on this form.

SECTION 1:

This section should be completed and filed when the insurer receives information that an insured's liability for malpractice is asserted from either an insured, a patient of an insured, or an attorney. This report should NOT be submitted when no claim is officially asserted or when the insurer is only notified of an incident which may give rise to a claim.

Place of Occurrence - This is the actual physical location where the occurrence took place (i.e. ABC Hospital, Dr. Doe's Office, etc.), not the city of the location.

Amount Claimed - Please either indicate the dollar amount that the plaintiff has claimed or indicate "open" if no amount has been claimed. The amount claimed is not necessarily the same as the company reserve.

SECTION 2:

This section should be completed and filed within 60 days of the final disposition. A disposition is final when it results from judgment, dismissal, withdrawal, or abandonment.

Reviewed By Prelitigation Screening Panel - Code Numbers If "No"

1. Screening panel option waived by both parties.
2. Case dropped or abandoned by the plaintiff.
3. Case settled before it was heard by the panel.

Outcome of Prelitigation Screening Panel - Please fill in the number of panel members who voted yes and the number of panel members who voted no on the two questions listed. If the case was dismissed by the panel chair for whatever reason as outlined in Title 24 M.R.S.A. § 2853, please check this option.

Codefendant and Claim Numbers - Fill in the names of any codefendants and their claim number (if claim number is not known, fill in "unknown"). Codefendant refers to any of your insureds also named in the suit, and any person insured with another company named in the suit. This includes all codefendants regardless of the final outcome of the suit against them. If there are more than two codefendants, list that information on a separate page and attach it to this report. This is for the cross referencing purposes of the Bureau only. Separate reports still need to be filed for each individual codefendant.

Amount of Award or Settlement - This refers only to the award or settlement against the named insured in Section 1. Do not include any award or settlement pertaining to any codefendant.

A copy of this form must be retained in the insurance company's files and be readily retrievable at the Superintendent's request.

Notice to Insurance Companies

All insurers providing professional liability insurance to any health care provider in Maine are required to file liability claim reports with the Superintendent of Insurance pursuant to Title 24 M.R.S.A. §2601 et. seq. Insurers and their agents or employees are immune from liability for any cause of action that may be asserted against them as a result of filing the required reports. The Superintendent maintains as confidential all data derived from these reports that permits identification of insureds or any incident giving rise to a claim.